



Welcome to
Heart to Heart Adoptions

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Dear Friend,

Thank you for your decision to give life. Right now you are considering an adoption plan for your precious baby, this takes courage and selflessness, and for that we hold you in the highest regard. Adoption has touched our hearts and we can never be grateful enough for our children's birth parents. Our goal is to reach out and help you make the best decision for you and your child.

Heart to Heart Adoptions offers an array of services. We offer counseling for you and any family members that feel they would benefit from this service.

Many of our birth mothers come to Utah to give birth, this enables them to get to know the adoptive family, if desired. Relinquishing in Utah also has certain legal benefits for both the birth parents and the adoptive parents. However, if this is not an option then we will make all the arrangements with counselors, attorneys, etc. in your area.

We have many families waiting to be blessed with a child. All of our families have completed a profile consisting of a letter and picture's, these will be available for you to choose the "Perfect Family" for your child. All families have been through a rigorous screening process to insure their ability to parent a child. They have all been screened to insure there is no criminal history and that they are healthy, financially stable, and emotionally ready to be parents. How open you want you relationship with the adoptive family is completely up to you.

Our number one concern is you and your health. Please, if you are not already seeking the care of a physician, let us help you obtain proper medical care!

We look forward to working with you and helping you make the best decision possible for you and your baby. Enclosed are some questionnaires. Please take the time to answer all the questions accurately and honestly. Some of this information will be invaluable to your child, as it concerns any health issues he or she may face.

We welcome you to our service. Please feel free to contact us at any time on our toll free line: 1-877-62-HEART.

May God bless you, and may you find peace in all your decisions.

Warmest Regards,

Heart to Heart Adoptions, Inc.



Birth Parents Application for Services

Date

APPLICATION FOR

Birthmother: Birthfather:
 Child's birth date or due date: Sex of Child: Male Female Unknown
 Birth mother's Race: Birth father's Race:
 Willing and planning on delivering in Utah? Yes No If Yes, when would you be coming to Utah.

BIRTHMOTHER INFORMATION

First Name	Middle	Last	Maiden
Date of Birth	Age	Place of Birth	US Citizen: <input type="radio"/> Yes <input type="radio"/> No If No - Citizen of what Country:
Street address		City	State Zip code
Telephone: Home		Cell	Other
Social Security Number:		Driver's License #	State Issued
May we leave a message for you? <input type="radio"/> Yes <input type="radio"/> No		Is this adoption and pregnancy confidential? <input type="radio"/> Yes <input type="radio"/> No	

Friend or relative who would be able to contact you in the future

Name	Relationship
Address	Telephone

DESCRIPTION OF SELF

Marital Status: Single Married Separated Divorced Widowed If married or separated: Name of spouse
 Native American? Yes No If Yes what Tribe? Registered?
 Height Weight Hair color Eye color
 Unique physical features (freckles, moles) Complexion: Physical build: (big/small boned, muscular, etc.)
 Fair Medium Olive Dark
 Which of the following describe your personality? (check all that apply)
 Aggressive Emotional Happy Nervous Self-confident Stubborn
 Calm Friendly Helpful Outgoing Serious Temperamental
 Critical Fun Irresponsible Rebellious Shy Unhappy

EMPLOYMENT AND EDUCATION

Last grade completed: Average course grades received: Presently in school? Yes No
 Diploma or GED? Yes No Vocational training? Yes No Military service? Yes No
 What? When? Describe: What Branch?
 Current occupation Work Telephone and Address

COMMITTEMENT TO ADOPTION

On a scale from 1 to 10 with ten being the most committed, how sure are you about placing your child for adoption?
 Why?
 Why don't you feel you can parent this child?
 Who is aware of and supportive of your decision to place your child for adoption?
 Have you ever placed a child for adoption before? Yes No If yes, please explain when and where?
 Are you currently working with any other attorney, adoptive family, or agency at this time? Yes No
 If yes, who?

BIRTH FATHER

Name Unknown

Date of Birth Age Place of Birth US Citizen: Native American ?
 Yes No Yes No

Street address City State Zip code Telephone

Height Weight Hair color Eye color

Unique physical features (freckles, moles) Complexion: Physical build: (big/small boned, muscular, etc.)
 Fair Medium Olive Dark

Which of the following describe his personality? (check all that apply)

Aggressive Emotional Happy Nervous Self-confident Stubborn
 Calm Friendly Helpful Outgoing Serious Temperamental
 Critical Fun Irresponsible Rebellious Shy Unhappy

Married to Birth father? Yes Marriage Date Marriage Place
 No

Does he know you are pregnant? Yes Does he agree the child is his? Yes
 No No
 Unknown Unknown

Does he know you're considering adoption? Yes Is he willing to consent to the adoption? Yes
 No No
 Unknown Unknown

Has he helped you financially? Yes Has he supported you in any other way? Yes
How Much? No Explain: No

Please describe your relationship with the birth father including any concerns you have

If the birth father is unknown, what are the circumstances of the pregnancy?

PREGNANCY INFORMATION

Have you started any prenatal care? Yes Date of Last Visit Results
 No

Have you had an ultrasound or sonogram? Yes | When / Where Results
 No

Current Doctor Office phone Location

Have you discussed adoption with your doctor? Yes If yes: Was he/she supportive? If No: Do you intend to?
 No

Will you continue to see this doctor Yes If no: Do you have another
 No doctor selected.

Do you know where you want to deliver your baby. Yes If yes: City / State Hospital / Doctor
 No

Have you ever been pregnant before? Yes Have you ever had a miscarriage? Yes
 No No

Have you ever had a stillbirth? Yes Have you ever had an abortion? Yes
 No No

OTHER CHILDREN

Children	Sex	Age/ Birth Date	Birth Weight/Length	How delivered	Any Physical or Mental problems	Is child currently living with you?
						<input type="radio"/> Yes
						<input type="radio"/> No If No Where?
						<input type="radio"/> Yes
						<input type="radio"/> No If No Where?
						<input type="radio"/> Yes
						<input type="radio"/> No If No Where?
						<input type="radio"/> Yes
						<input type="radio"/> No If No Where?

Other Children:

PREGNANCY RELATED EXPENSES

Do you have any medical insurance? Yes Name of Company With Work? Personal?
 No

Medicaid? Yes Are you willing to reapply for Medicaid Yes
If Yes what State? No in Utah if necessary? No

Do you receive income or financial assistance from any Yes What source of income? Amount per month



Birth Parents Statements of Understanding

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Initial

Statement

1. **Right to Parent:** As the birth parent of my child, I have the primary right to parent my child if I so choose, even if I am a minor. I will make sure that it is my wish to place my child for adoption before I begin working with Heart to Heart Adoptions.

2. **Fraud:** I understand that misrepresenting my pregnancy or my desire to place for adoption is considered fraud. I also understand that receiving assistance and support from two different adoption agencies at the same time also may be considered fraud. Heart to Heart Adoptions, Inc. may choose to prosecute me if I have committed a fraudulent act. I also understand that Adoption Agencies may share information about me with other agencies in an effort to prevent fraud.

3. **Counseling:** I understand that Heart to Heart Adoptions, Inc. will provide me with counseling and support to help me in making decisions concerning my pregnancy. A licensed social worker will be assigned as my counselor to assist and support me through the adoption process.

4. **Living Expenses:** I understand that Heart to Heart Adoptions, Inc. may assist me with necessary living expenses during my pregnancy including rent, food and utility payments if allowable in the state of services. Heart to Heart Adoptions, Inc. will also assist me in accessing any local resources that may be available to me during my pregnancy or following the delivery of my child. I understand the agency is limited by law regarding the assistance offered. I understand Heart to Heart Adoptions, Inc. is unable to pay for past bills or deposits.

5. **Medical Expenses:** If I do not currently have medical coverage, Heart to Heart Adoptions, Inc. will assist me in securing medical coverage for my pregnancy. This may include applying for Utah Medicaid and Baby Your Baby if applicable and I agree to work cooperatively with them to do so. I understand that if I decide not to place my child for adoption, I will be responsible for all medical expenses not covered by my insurance or Medicaid.

6. **Irrevocable Relinquishment:** If I decide on an adoption plan for my child, I will sign the relinquishment papers. I understand that I must wait at least 24 hours following the delivery of my child to sign the relinquishment papers. I realize that when I sign those documents, all my rights and responsibilities to this child will be ended and that my consent to adoption will be final, irrevocable and legally binding.

7. **Adoptive Placement:** Heart to Heart Adoptions, Inc. will assist me in selecting the adoptive parents who match my request, though they cannot guarantee all my preferences will be met. All adoptive parents have been thoroughly screened by Heart to Heart Adoptions, Inc. and found appropriate for placement.

I understand that based on Utah Law, Heart to Heart Adoptions may not place a child with anyone who is cohabiting in a relationship that is not a legally valid and binding marriage under the laws of Utah. Cohabiting is intended to mean residing with another person and being involved in a sexual relationship with that person.

I understand I have the option to choose the adoptive parents. If I forgo this choice, Heart to Heart Adoptions, Inc. will choose the adoptive parents they feel most appropriate to adopt my child.

_____ 8. **Selection and Information Sharing:** If I place this child with Heart to Heart Adoptions, Inc, I may be involved in the selection of an adoptive family. I understand that non-identifying information about the other birth parent, the pregnancy, and myself will be shared with any family I may be considering as potential parents for my child. I have or will sign a release of information, allowing information specifically for this purpose.

_____ 9. **Privacy:** I understand that Heart to Heart Adoptions, Inc. will not disclose my last name, address, phone number or any other identifying information to the adoptive family without my permission, but that they cannot guarantee privacy in any adoption.

_____ 10. **Contact with Adoptive Parents:** I understand that the agency will make every attempt to assure that any agreement for contact and exchange of information between the adoptive parents of my child and myself will be upheld, but that they cannot guarantee any arrangements. A contract agreement will be entered into and signed by the adoptive parents and myself before placement. Unless otherwise arranged, contact will be facilitated through the agency.

_____ 11. **Religion:** I understand and agree that Heart to Heart Adoptions, Inc is placing my child with a family that may or may not practice religion as I do and that the adoptive parents will raise my child in the faith of their choice. I do understand that Heart to Heart Adoptions, Inc will only place my child with a family that believes and practices Christian fundamentals.

_____ 12. **Promises:** I wish to state that there have been no promises made to me that would influence my decision to place my baby for adoption. I have not been offered gifts or promises for placing my child for adoption. I understand that gifts or allowances beyond the guidelines set by Heart to Heart Adoptions, Inc. cannot be given.

_____ 13. **Utah Mutual Consent Registry:** I understand the Utah Mutual Consent Registry makes it possible for the birth parents and adoptee to be reunited when the adoptee is 21 years of age. I understand that contact will be possible through this resource only if both adoptee and birth parent register.

I give my permission to release identifying information about myself to the Utah Mutual Consent Registry. Yes _____ No _____

_____ 14. **Liability:** I acknowledge that Heart to Heart Adoptions is providing services to me in good faith and I do not hold them responsible or liable in anyway for any harm or accident that may come to me during my association with them.

_____ 15. **Application for Services:** I, at my own discretion, have decided to apply with Heart to Heart Adoptions, Inc. for assistance with my adoption plans. All information I have supplied throughout the application process is true and correct to the best of my knowledge.

_____ 16. **Varied Services:** I also understand that services are rendered on a case-by-case basis and that services provided to another birthmother may not be the same as those provided to me.

_____ 17. **Alcohol and Drug Use:** I understand that the use of alcohol or illegal drugs during my time as a client with Heart to Heart Adoptions, Inc. is not allowed. If I am using drugs or alcohol while a client through this agency, they have the option of terminating services and or refer me to a drug or alcohol treatment facility as well as to the appropriate law enforcement officers.

_____ 18. **Drug Testing:** I understand that Heart to Heart Adoptions, Inc. will request that I participate in drug testing. Drug testing is done automatically for all birth parents living in Heart to Heart housing.

_____ 19. **Policies and Procedures:** I understand that there are Policies & Procedures of Heart to Heart Adoptions, Inc that I must follow. If I decide not to follow these policies I understand that Heart to Heart Adoptions, Inc. has the right and responsibility to discontinue their services. Before accepting any services from Heart to Heart Adoptions, I agree to follow those Policies and Procedures.

_____ 20. **Permission:** I give permission for my caseworker and social worker to discuss my case with other staff members of the agency, health care workers, other adoption agencies and law enforcement officers as needed.

_____ 21. **Services Provided By:** I understand that staff members of Heart to Heart Adoptions who are providing me services may also be providing services to the adoptive family. I also understand that such an arrangement might create a conflict of interest between my concerns and the concerns of the adoptive family.

_____ 22. **Birthfather Rights :** I understand that according to the adoption laws of the state of Utah that the birth father may have the option of parenting the child if he is known and paternity has been established. In order to establish paternity in Utah he must support me emotionally and financially during my pregnancy or he must file with Utah Vital Records on the State Paternity Registry. Paternity laws of the father’s state of residence must also be complied with. Furthermore, I understand that birthfather resides in another state I am withholding information about my whereabouts, I may be putting an adoptive placement in jeopardy. Also, if I am married, my legal husband must consent to an adoption even if he is not the child’s biological father. Notice must also be given to any birthfather I may identify on the birth certificate.

_____ 23. **Release of Information:** I understand that in signing the "Release of Information" form that I am authorizing any and all psychological, psychiatric and health information or birth certificate records pertaining to me or any child of mine to be released to Heart to Heart Adoptions, Inc.

_____ 24. **Choice to Travel:** If I chose to travel to Utah, I wish it to be known that I have willingly and knowingly chosen to leave _____, the state in which I have been living. I take full responsibility for my decision to travel and for any consequences, physically, financially and emotionally for that decision. I also take full responsibility for any of my children that my be traveling with me.

_____ 25. **Jurisdiction:** If I chose to travel to Utah, I wish it to be known that I expressly submit to the jurisdiction of the courts of the state of Utah and to be bound by laws of Utah.

_____ 26. **Legal Advice :** I understand that I have the legal right to consult with an attorney of my own choice and to seek independent legal counsel prior to make the decision to place my child for adoption.

SIGNATURES

I, _____ am not under the influence of any drugs, alcohol or medication that may influence my reasoning or judgment and sign this document by my own free will and choice.

_____	_____	_____
Date	Birth Mother Name	Birth Mother Signature
_____	_____	_____
Date	Birth Father Name	Birth Father Signature
_____	_____	_____
Date	Heart to Heart Representative	Position



Heart to Heart Adoptions Housing Policies & Procedures

If you are coming to Utah to live in Heart to Heart Housing, please read the following Housing Policies and Procedures.

Purpose-- In order to provide a safe comfortable environment there are certain policies & procedures that everyone living at *Heart to Heart Homes* needs to understand and follow.

Case Manager— Once you arrive in Utah, you will be assigned a case manager. She will provide you with transportation and help in a multitude of ways. She will be your support and companion during the time you are here.

Social Worker— You will be also be assigned a social worker. She will meet with you on a regular basis to provide counseling and support. She and other social workers will also provide a weekly life skills support group for all birthmoms. Please be available for appointments with your social worker.

Allowance-- You will be given \$100 when you first arrive to help get set up. You will then be provided with a weekly amount of \$75 if you have no children with you (even if there is another adult) and \$100 if you have children, to use for food and anything you need including clothing, change for the washers and dryers, entertainment, etc. We do have a limited supply of clothing that is available and the second week you will receive a \$100 clothing allowance.

Bedrooms-- Everyone will have their own bedroom or apartment. Please respect the privacy and property of others, as they will be expected to respect yours, by only going into their rooms or apartments with their permission.

Cleaning-- Bedrooms: Everyone will be expected to keep their bedrooms clean including vacuuming and changing their bed once a week. Living, Dining and Bathrooms: These will need to be cleaned and vacuumed weekly as well. You will need to clean the apartment completely prior to leaving. If not cleaned we will deduct a cleaning fee from any assistance you receive following your placement.

Cooking-- Roommates may cook together or separately depending on the occupants. It will be expected that cooking responsibilities will be shared as agreed upon by everyone.

Emergencies or Problems-- Contact your case manager immediately. If she is not available, call the Birth Mother Line.

Phones-- There is a phone available for your use, but it will not call long distance. You will be given a phone card when you first arrive, and a new phone card bi-weekly.

Post Delivery—After you deliver and place your child for adoption you may stay in Heart to Heart Housing for a week if you need that time to recuperate and prepare for your next move. You can, of course, leave earlier.

Appointments-- We will assist you in getting to the Doctor and hospital as often as is medically necessary. We will also assist you in obtaining Medicaid and Food Stamps during the time you are here, if it is your intention to relocate to Utah.

Shopping-- You will be given a ride to the grocery store once a week to pick up food for the week. Please be prepared with a shopping list and menu for the week. There are grocery stores across the street if you need additional items during the week.

Smoking, Drugs and Alcohol-- Anyone wishing to smoke may do so **only outside**. Please always pull the door closed so smoke doesn't enter the apartment and deposit cigarette butts in the containers provided. Drinking alcohol or using any illegal drug is not allowed.

Welcome to Heart to Heart Homes!

It is our hope that you will experience peace and joy during the time you are here. We believe that the decision you have made to come is wonderful and want this to be a good experience for you.

Signature-- *I have read the Heart to Heart Policies and Procedures and agree to comply fully.*

Date	Name (Please Print)	Signature
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Heart to Heart Adoption Services

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Assistance in getting Medical Coverage – **If you are currently without medical coverage, we will help you get the coverage you need.**

Housing Arrangements – **During your pregnancy we can help provide you with an apartment, food and other support, if allowed by the laws of your state.**

Transportation – **If you need to relocate for this time, we will provide transportation for you. In addition, we can help those who live locally get to appointments, the store, etc.**

Legal Rights in Connection with Your Adoption Plan – **We have an attorney who understands the issues surrounding your situation. He will assist you or refer you to another attorney who can.**

Counseling – **Social workers, staff members, including those who have placed their children for adoption, will be available to listen, share insights or help you make decisions and plans for the baby and yourself.**

Education – **If you are in Utah there is a Life Skills class that you may attend that addresses topics such as time and money management, parenting, employment, etc. We also assist and support you in efforts to get a GED or other educational opportunities.**

Placements – **Each adoption is individualized to the personal needs of all. You may want to be very involved in choosing the family and lifestyle you feel is best for your child or you may want us to find the right parents. You may want to see the baby after the birth or not have further contact.**

We will help you make these and other decisions—we’re with you every step of the way. What you are doing is very difficult, but we know and hope you realize the miracle you are making for a very special family.

Signature-- I/we have read and understand the Heart to Heart Services.

_____	_____	_____
Date	Name (Please Print)	Signature

_____	_____	_____
Date	Name (Please Print)	Signature



Birth Parents

Release of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

Patient Name: _____ Other Name: _____

Address: _____

Date of Birth: _____

Soc. Sec. No.: _____

Phone (Day): _____ Other Phone No.: _____

I hereby authorize any Physician, Medical Facility, Psychiatrist, Psychologist, Adoption Agency, Federal, State, County Or City Agency, Attorney Or Lay Person or to release a copy of the following information:

Medical, psychological, legal reports that relate to my care or the care of any child of mine that is currently in my custody.

To: Heart to Heart Adoptions, Inc 9669 South 700 East, Sandy, Utah 84070 Phone: (801)563-1000
Fax: (801) 563-9899

For the following purposes (check one):

- At my request
- For the purpose of providing me or my child physical, emotional or psychological care and assisting me in placing a child of mine for adoption.
- RESEARCH: I understand the provider may refuse research-related treatment unless I sign authorization for use and disclosure of my information for research. I understand that I may not have access to my information during the study.
- MARKETING/FUNDING SOURCES: I understand the provider may release my information to third parties for marketing activities or to funding sources.
- OTHER: I understand the provider is treating me for the express purpose of releasing my information to

_____.

Medical records may include information related to HIV, communicable disease, alcohol or drug abuse and mental health diagnosis and treatment.

I Do Do not authorize the release of this type of information.

I understand:

- ? I may revoke this authorization by providing a written statement to the provider except to the extent that the provider has already acted upon it.

- ? The provider will not condition treatment on my providing this authorization unless the provision of health care is solely for the purpose of creating protected health information for disclosure to a third party.
- ? Once this information is released, the receiver may further release it and it may no longer be protected information:
- ? I may have a copy of this signed authorization.

Patient or Representative Signature

Date

Description of Representative's Authority to Act for Patient

This authorization will expire on _____ (list date or event). If no date specified, authorization will expire one- year from the date signed.



Birth Parents

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Release of Information

AUTHORIZATION FOR RELEASE OF INFORMATION

TO: ANY PHYSICIAN, MEDICAL FACILITY, PSYCHIATRIST, PSYCHOLOGIST, ADOPTION AGENCY, FEDERAL, STATE, COUNTY OR CITY AGENCY, ATTORNEY OR LAY PERSON

You are hereby authorized to release to:

HEART TO HEART ADOPTIONS, INC.
9669 South 700 East
Sandy, Utah 84070
Phone: (801) 563-1000 Fax: (801) 563-9899

Any and all psychological, psychiatric, health information or birth certificate record pertaining to me or any child of mine which is now or in the future may be in your possession and are further authorized to verbally discuss any interaction you have had or may have with me.

It is hereby expressly authorized to copy or receive copies of any records or documents pertaining to me or the information specified above.

This information may be used in connection with any proceeding concerning the adoption, guardianship, custody and control of any child of mine.

You are also authorized to release information to the individual or couple that adopts my child, as identified by the "Placement Agreement" between Heart to Heart Adoptions and the adoptive party.

Medicaid

I also authorize Medicaid to release information about me or my children to Heart to Heart Adoptions, specifically Beth Wadsworth. I authorize them to give to them my Medicaid number and any other information about my case. I understand that if I apply for Medicaid in Utah, my benefits in another state will be cancelled.

Childs Gender

I authorize the OBGYN, RN or ultrasound technician to tell Heart to Heart Adoptions the gender of my unborn child if requested, even if I choose not to know myself.

I also authorize any other adoption agency, counselor, attorney or other professional who is contracted by Heart to Heart Adoptions to release information about me, my child(ren), or this adoption to Heart to Heart Adoptions. In addition, I authorize Heart to Heart Adoptions to release information about me to other adoption agencies if I have contacted them for assistance.

This Authorization shall remain valid for two years from this date.

Date

Name (Please Print)



HIV and Drug Testing Release

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Birth Mother Name	Birth Father or Companion Name
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Illegal Drug Use Policy

Anyone living in housing provided by Heart to Heart Adoptions must agree to remain free of all illegal drugs. Anyone found using any illegal drugs must immediately move out. All birthmothers and anyone living with them must agree to have drug tests done at anytime.

I/we hereby give consent to be tested for HIV and/or drugs. I/we also agree that the results of such test be released to Heart to Heart Adoptions.

HEART TO HEART ADOPTIONS, INC.

9669 South 700 East

Sandy, Utah 84070

Phone: (801) 563-1000

I/we also give permission to allow any of my/our children whether currently born or unborn to be tested for HIV and/or any drugs.

I/we have read and agree to abide by the policy concerning illegal drug use in Heart to Heart Adoptions housing.

Signatures	
Birth Mother	Date
Birth Father or Companion	Date
Witness	Date



Medicaid Authorization

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I, _____ am on currently on Medicaid. Yes No

If yes- What State? _____

I am willing to get on Medicaid in Utah if I have my baby there. Yes No

I recognize that if I get on Utah Medicaid, the benefits I have in another state may be cancelled.

Yes No

I also recognize that Heart to Heart Adoptions wishes that I give honest and accurate answers in any interview I have with any Medicaid worker.

Yes No

Date

Birth Mother Signature

Printed Name

Date

Birth Father Signature

Printed Name

If on Medicaid please complete the following:

Medicaid Applicant's Proxy Authorization

I, _____ authorized Medicaid to give information about my case to Beth Wadsworth of Heart to Heart Adoptions.

Applicant's Signature: _____ **Date:** _____

Medicaid Number: _____ **Expiration Date:** _____

Please make a copy of your Medicaid card and include it.

